MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		X		51							
2		/		/	X		52							
3		/		/	X		53							
4		①		/			54							
5		①			/		55							
6		①		/		/	56							
7		①			/		57							
8		①			/		58							
9		①		X			59							
10		①		X		X	60							
11		①			X		61							
12		①		X	X		62							
13		①					63							
14				/			64							
15				/	/		65							
16					/		66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
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30							80							
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38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	1		1		1		TOTAL IND.							
TOTAL DEP.	12		9		3		TOTAL DEP.							
TOTAL CLAIMS	13		10		6		TOTAL CLAIMS							

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS